# **Supplemental Application Data Sheet**

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	COMBINATION THERAPIES EMPLOYING A
	COMPOSITION COMPRISING A HMG COA
	REDUCTASE INHIBITOR AND A VITAMIN B6
	RELATED COMPOUND
Attorney Docket Number::	12695.0037USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

#### Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

CANADA

Status::

**Full Capacity** 

Given Name::

Albert

Middle Name::

Family Name::

FRIESEN

Name Suffix::

City of Residence::

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State or Province of Residence::

Manitoba

Country of Residence::

Canada

Street of mailing address::

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City of mailing address::

Winnipeg

State or Province of mailing address::

Manitoba

Country of mailing address::

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**Applicant Information** 

Applicant Authority Type::

Inventor

Primary Citizenship Country::

CANADA

Status::

Full Capacity

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Ahmad

Middle Name::

Family Name::

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10/584332

Supplemental 11/28/07

Initial 06/23/06 Page # 2

Country of mailing address:: **CANADA** 

Postal or Zip Code of mailing address:: R2N 2Z3

**Applicant Information** 

**Applicant Authority Type::** 

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Primary Citizenship Country::

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Status::

**Full Capacity** 

Given Name::

Marjorie

Middle Name::

Family Name::

**ZETTLER** 

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Country of Residence::

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City of mailing address::

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State or Province of mailing address::

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Country of mailing address::

**CANADA** 

Postal or Zip Code of mailing address:: R3L 0A8

### Correspondence Information

Correspondence Customer Number::

23552

## Representative Information

Representative Customer Number::	23552

#### **Domestic Priority Information**

	1		
Application::	Continuation Type::	Parent Application::	Parent Filing
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			Date::
This Application	National Stage of	PCT/CA2004/002196	12/23/2004
PCT/CA2004/002196	Claims Benefit of	60/531605	12/23/2003
PCT/CA2004/002196	Claims Benefit of	60/586215	07/09/2004

# Assignee Information

Assignee Name:: Medicure International Inc.

Street of mailing address:: 4-1200 Waverly Street The Towner Management

Group, St. James House, 2<sup>nd</sup> Street

<u>City of mailing address::</u> Winnipeg Holetown

State or Province of mailing address:: Manitoba

Country of mailing address:: CANADA BARBADOS

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